

Feb 5, 2009

RE: Case 05-44481 (RDD)

Hearing date Feb. 24, 2009

TO: Robert D. Drain Honorable Judge
From: VICTOR JAMES VERDEV
I do not own a computer so I
have to contact you in writing.

I object to Delphi's and do not
agree they have the authority to
terminate these programs.

I've included copies sent by Delphi
dated August 27, 2007 which was
after they entered Chapter 11 which
gave me and my family information
we used to plan our health and
financial future. No were in the
document does it state they can
terminate any of these provisions.
It does say it can be updated, not
terminated. I've enclosed a copy.

I've also enclosed a copy of the
life insurance they agreed to
pay upon my death, which I earned
after 28 years of service. \$52,000.00

I was a General Motors employee
for over 25 years until my division
was spun off to Delphi.

The responsibility for the benefits (PAGE

Delphi is trying to terminate should be picked up in their entirety by General Motors if Delphi cannot meet their obligations.

I also was a UAW hourly employee for GM before I took what I believed to be a "PROMOTION," to go into salary supervision.

It's a shame when the only reason the hourly retirees will continue to receive ALL their retirement benefits is because they are represented by the UAW.

The salary workforce and retirees has no way at present to hire legal representation to defend against this action.

The hearing scheduled for Feb 24, 2009 must be postponed until proper legal representation can be obtained. Delphi should also be required to supply the names and addresses of all current and retired salaried employees so a class action lawsuit and legal representation can be put in place.

(See Page 3) Victor J. Uebler

(3)

The electricians in our plant were represented by IBEW International Brotherhood of Electrical Workers. Their retirees were receiving health insurance etc. from Delphi the same as the salary retirees. Recently they were informed General Motors was going to be taking over all their insurance plans since the electricians had also worked for GM for more than 25 years.

I have over 25 years with GM at our plant and should be given the opportunity to receive my health benefits from GM.

If not Delphi is discriminatory against me.

Victor J. Vender

NATIONAL BENEFIT CENTER
P.O. Box 14673
Lexington, Kentucky 40512-4673

Delphi Benefits Unit
RPR3

VICTOR VERDEV
5646 RUSH ROAD
CONOVER, WI 54519-9555

DELPHI

August 27, 2007

Dear Delphi Health Care Program Participant:

This letter contains important information about your health care coverages. Please read it carefully and retain it with your other important documents.

You are receiving this letter because you are either:

- an active employee who will soon be eligible for Medicare in the normal course; or
- a retiree who has recently retired and is eligible for Corporation contributions toward health care in retirement.

The information in this letter is categorized two ways:

Section 1 is situation specific. You need to determine which of the listed situations applies to you and learn about the coverages for which you may be eligible. Provisions for coverages differ based on your age at retirement, your service date, your spouse's eligibility for Medicare compared to when you become eligible for Medicare and other spouse information.

Section 2 covers pertinent information that is applicable regardless of your situation. This information should be considered along with the information in Section 1 in making decisions concerning your health care coverage needs.

Please note that the information contained in this letter is also available on www.delphinbc.com. Additionally, future updates to any of the information contained in this letter, will be posted on that website.

As noted above, it is important that you save this letter and also refer to the website at key points in time when making health care coverage decisions.

Sincerely,

Delphi Corporation

Attachments

Section 1: Health Care Continuation Provisions

Listed below is specific information concerning health care coverage continuation provisions for various situations. All of the listed situations apply only to employees who were hired prior to January 1, 1993 and who are eligible for Delphi contributions towards health care in retirement. Please carefully review the information presented below to determine which situation applies to you.

1) I am an active employee who is about to become eligible for Medicare in the normal course.

Because you are an active employee, your health care coverages are not generally affected by your becoming eligible for Medicare in the normal course. As long as you remain an active employee, Delphi coverages will be your primary health care coverages. However, this changes immediately upon your retirement (as explained below).

If you have not already received Medicare information, you should look for it in the near future. Please review this information carefully so you understand the choices you have for signing up for Medicare coverages. Although you will be enrolled for Medicare Part A automatically, you must choose to enroll for coverage under Parts B and D.

Some things you may want to consider include:

- Your Medicare enrollment rights and your opportunity for a Special Enrollment Period when your Delphi coverage as an active employee ceases.
- Delphi coverages will be your primary coverage and Medicare will be secondary as long as you are an active employee and continue to have Delphi health care coverages. You should not enroll in Medicare Part D as long as you are an active employee.
- Generally, you can wait to elect Medicare Part B upon retirement. However due to the complex nature of Medicare, you should contact the Medicare offices to determine if you want to enroll in Medicare Part B at age 65, or wait until you retire.

It is important for you to plan carefully for your transition into retirement. This is because immediately upon your retirement Delphi health care coverages for you and any dependents that are also Medicare eligible in the normal course will cease. You will immediately be eligible for a Retiree Health Reimbursement Account (HRA) and you will be eligible to continue dental, vision and Extended Care Coverage (ECC) by paying the full cost for such coverages for you and any eligible dependents.

- Whether or not to sign up for a Medigap or Medicare Advantage plan;
- Whether or not to sign up for a Medicare prescription drug plan; and
- Whether or not to continue any of the coverages available through Delphi.

You need to make prompt decisions in this regard because there are specific and limited enrollment periods after which you may not be able to sign up for the coverages you want or may have to pay a higher price for them.

3) **I am a retiree who retired before reaching age 65 and I have a spouse who is younger than I am.**

Your Delphi health care coverages will continue until you become Medicare eligible in the normal course. At that point:

- Your eligibility to continue Delphi medical and prescription drug coverages will cease;
- You will have the opportunity to continue dental, vision, and Extended Care Coverage (ECC), (unless you previously waived this coverage) at your own expense;
- You will be eligible for the Retiree HRA;
- You will have the opportunity to enroll in a Medigap and Medicare prescription drug plan to supplement the basic Medicare coverages; and
- You will have the opportunity to continue Delphi medical and prescription drug coverage for your spouse.

Prior to becoming Medicare eligible you should expect to receive the following:

- Information from the Federal government concerning your Medicare coverages;
- Information from Delphi concerning your opportunity to continue dental, vision and ECC (unless you previously waived this coverage) at your own expense and how to continue Delphi medical/prescription drug coverages for your spouse;
- Information from AARP/United HealthCare about an available Medigap plan and a Medicare prescription drug plan; and
- Information from Wage Works concerning your Retiree HRA.

You need to carefully review this information so that you understand the decisions that you must make for continuing health care coverages. These decisions include:

- In which Medicare coverages you wish to enroll;

When you become Medicare eligible in the normal course:

- Your eligibility, as well as your spouse's eligibility, to continue Delphi medical and prescription drug coverages will cease;
- You will have the opportunity to continue dental, vision, and Extended Care Coverage (ECC), (unless you previously waived this coverage) at your own expense;
- You will be eligible for the Retiree HRA; and
- You and your spouse will have the opportunity to enroll in a Medigap and Medicare prescription drug plan to supplement the basic Medicare coverages; and

Prior to becoming Medicare eligible you should expect to receive the following:

- Information from the Federal government concerning your Medicare coverages;
- Information from Delphi concerning your opportunity to continue dental, vision and Extended Care Coverage (ECC), (unless you previously waived this coverage) at your own expense;
- Information from AARP/United HealthCare about an available Medigap plan and a Medicare prescription drug plan (your spouse will also receive similar information); and
- Information from Wage Works concerning your Retiree HRA.

You need to carefully review this information so that you understand the decisions that you must make for continuing health care coverages. These decisions include:

- In which Medicare coverages you wish to enroll;
- Whether or not to sign up for a Medigap plan;
- Whether or not to sign up for a Medicare prescription drug plan;
- Whether or not to continue any of the coverages available through Delphi.

You and your spouse need to make prompt decisions in this regard because there are specific and limited enrollment periods after which you may not be able to sign up for the coverages you want or may have to pay a higher price for them.

Coverage for Dependents (other than Spouses) of Retirees Who Are Medicare Eligible in the Normal Course

In general, medical and prescription drug coverages for dependents who are not spouses may be continued (subject to normal monthly contributions for such

Company (UHC) to offer you two kinds of coverage if you are eligible for Medicare. One type is Medigap coverage. The other type of coverage is a prescription drug plan that is approved by the Medicare system. This plan is often known as Medicare Part D. United HealthCare's plans are called the AARP Medicare Supplement Insurance plan and the AARP Medicare Rx plan.

Enrolling in the AARP plans is designed to be easy. You will receive two separate enrollment packages: one for the AARP Medicare Supplement Insurance plan and the other for the AARP Medicare Rx plan. To enroll, you just need to complete, sign, and return the enrollment forms. Coverage under these plans is not retroactive so it is important that you enroll promptly to ensure that there is no gap between the end of your Delphi coverages and the beginning of the replacement coverage. You do not need to answer any health questions to enroll, and your acceptance is guaranteed. However, if you apply for coverage at a later date, you may be required to answer health questions and your acceptance is not guaranteed.

Please note that any coverage you choose is on a voluntary basis and at your expense. You may want to compare the coverage offered by the AARP plans to others on the market. Many providers offer both supplemental "Medigap" plans and approved prescription drug plans. Whether you decide to purchase Medicare Advantage or Medigap coverages and the company that you purchase it from is your decision.

There are two primary parts to the Medicare system; those that are sponsored by the U.S. government and those that are strictly regulated by the U.S. government, but are offered through private insurance companies.

The chart below describes the basic provisions and costs for Medicare Part A (hospital insurance), Part B (medical insurance) and Part D (prescription drug coverage). In addition, the chart shows how Medicare Advantage and Medigap insurance fit into the picture.

Legally Required Notices

Upon retirement or becoming Medicare eligible there are two legally required notices that you will receive from Delphi. These are described in more detail below.

1) **Creditable Prescription Drug Coverage Notice**

At the time you become Medicare eligible, you will receive a document from Delphi that is required by the U.S. government. It applies to you and any covered family members eligible for Medicare and is called the Creditable Prescription Drug Coverage Notice. ***This is an important document for you to keep.***

The notice certifies that you have what is called "creditable" prescription drug coverage under the Delphi Salaried Health Care Program. "Creditable" coverage means that Delphi prescription drug coverage is, on average, as good as the standard Medicare Part D prescription drug plan. As you have read, this Delphi prescription drug coverage ends when you become Medicare eligible in the normal course, generally age 65. Because you had creditable coverage under Delphi you may enroll in one of the Part D prescription drug plans without paying a late-enrollment penalty, as long as you enroll within 63 days of losing your Delphi prescription drug coverage. The provider of the Part D prescription drug plan may ask you to provide a copy of the Creditable Prescription Drug Coverage Notice to verify that you had creditable coverage immediately prior to enrolling on the Part D prescription drug plan.

2) **COBRA Notice**

Upon your retirement you will receive a COBRA Notice from Delphi. COBRA is the Consolidated Omnibus Budget Reconciliation Act of 1985 and it created the right to continue employer-provided medical coverage upon the occurrence of certain qualifying events which result in a loss of coverage. Your "qualifying event" is your date of retirement. Although the COBRA Notice indicates that your Delphi coverages have ended, you do have the opportunity to elect to continue them, with Corporate contributions, until the date you are eligible for Medicare in the normal course.

Under current COBRA regulations, you may continue all of your Delphi coverages for 18 months (from your date of retirement) provided you pay 102% of the full cost. Alternatively, you may elect to waive your COBRA continuation and remain covered under the Delphi Salaried Health Care Program until you become Medicare eligible in the normal course. While you and your dependents may enroll for COBRA continuation, you should carefully consider the effect of such enrollment on other coverages that

- Medicare Part B and Part D (prescription drug plan) premiums.
- Medicare Advantage plan premiums.
- Medigap premiums – such as AARP supplemental coverage through United HealthCare.
- Dental, vision, and Extended Care Coverage premiums, including the cost of continuing coverage through Delphi.
- Required post-tax premiums to be a dependent on your spouse's employer-based health care coverage.
- Required post-tax health care premiums for your dependents who continue to be eligible for Delphi health care coverage.

What Is Not Covered by the HRA

Examples of items not covered by the Retiree HRA include:

- Out-of-pocket expenses for actual medical, dental, or vision services and supplies.
- Health care premiums or contributions paid on a pre-tax basis through payroll deduction.
- Premiums for Long Term Care Insurance.

How the HRA Will Reimburse You

The HRA will reimburse you for covered expenses that you have already paid. Your HRA is not allowed to "pre-pay" for upcoming expenses. You may receive reimbursement only for premiums that have already been paid and for monthly premium periods that have already started. For example, if you are paying the premium on a quarterly basis, you cannot receive full reimbursement until the last month in the quarter. Detailed information on filing claims will be mailed to you by the HRA administrator, WageWorks, several weeks before you become eligible for the HRA.

WageWorks, the HRA Administrator

WageWorks is a market leader in the administration of Flexible Spending Accounts and Health Reimbursement Accounts. They will provide Delphi retirees with both web-based and telephone customer service. You will receive a welcome letter from WageWorks several weeks before you become eligible for the HRA. The welcome letter will advise you on how to access your account through their web site. It also will provide the information you need to manage your account, make a claim, and get answers to your questions.